



This publication was prepared by Alexander Paxton, Sky Barlow, and Cristin Marona of the Health Policy Project.

Suggested citation: Paxton, A. 2015. *Benjamin W. Mkapa HIV/AIDS Foundation Organizational Capacity Assessment Report*. Washington, DC: Futures Group, Health Policy Project.

The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. It is implemented by Futures Group, in collaboration with Plan International USA, Futures Institute, Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).

Benjamin W. Mkapa Foundation Organizational Capacity Assessment Report

SEPTEMBER 2015

The information provided in this document is not official U.S. Government information and does not necessarily represent the views or positions of the U.S. Agency for International Development.

CONTENTS

Table of Contents

Abbreviations.....	iv
Introduction.....	1
Methodology	2
Technical Focus Areas	3
Data Analysis and Use.....	3
Knowledge Translation.....	3
Advocacy	4
Results.....	4
Phase 1: Visioning exercise	4
Phase 2: Facilitated self-assessment	5
Phase 3: Results review and analysis	11
Phase 4: Prioritization	12
Phase 5: Action planning	14
Recommendations.....	17
Annex A. Agenda.....	19
Annex B. Attendees	22
Annex C. Self-assessment Scoring Sheet: Data Analysis and Use	23
Annex D. Self-assessment Scoring Sheet: Knowledge Translation.....	25
Annex E. Self-assessment Scoring Sheet: Advocacy	27
Annex F. Self-assessment Results Report.....	29
References.....	39

ABBREVIATIONS

ADV	advocacy
AIDS	acquired immune deficiency syndrome
BMAF	Benjamin W. Mkapa HIV/AIDS Foundation
DAU	data analysis and use
HIV	human immunodeficiency virus
HPP	Health Policy Project
HRH	human resources for health
KT	knowledge translation
M&E	monitoring and evaluation
MOHSW	Ministry of Health and Social Welfare
OCA	organizational capacity assessment
TOR	terms of reference
USAID	U.S. Agency for International Development

INTRODUCTION

The Benjamin William Mkapa HIV/AIDS Foundation (BMAF) is a nonprofit organization founded by the third President of Tanzania with the stated mission “to facilitate the delivery of responsive health services, including HIV and AIDS, particularly in underserved areas through innovations in health systems” (BMAF, 2010). In its first strategic plan (2008–2012), the organization operationalized this mandate by dedicating itself to the focus areas of (1) reinforcing HIV/AIDS services, (2) strengthening health systems, and (3) strengthening institutional capacity. In practice, BMAF has pursued these objectives through the promotion and strengthening of human resources for health (HRH) in Tanzania.

BMAF traces its origins to the first Mkapa Fellows Program (2005–2010), an initiative funded by the Government of Norway with the goal of recruiting, training, and deploying skilled health workers to underserved, rural districts in Tanzania. Since BMAF was formally registered as a trust in 2006, the organization’s role and influence in the health sector have grown rapidly, due in part to successful partnerships with the Ministry of Health and Social Welfare (MOHSW) on the Global Fund-sponsored Emergency Hiring and Health Systems Strengthening projects, through which over 400 skilled health workers were recruited to rural areas. As the organization’s influence and portfolio developed, BMAF revised its strategic plan to better reflect its changing position and broader aspirations. The Revised Strategic Plan (2008–2012), finalized in late 2010, explicitly committed BMAF to “collaborate with the government to improve HRH policies, guidelines, and strategies” (BMAF, 2010). The subsequent Strategic Plan (2013–2018) further expanded this objective. Today, BMAF is recognized as the preeminent Tanzanian civil society organization promoting HRH, and actively collaborates with MOHSW, civil society, and international donors.

Throughout this growth, BMAF has proactively sought organizational self-improvement. Previous collaborations with partners identified strengths and areas for improvement that have strongly influenced strategic planning. However, since the adoption of the current strategic plan in 2013, BMAF has not undertaken a formal, organization-wide capacity assessment to understand strengths and weaknesses in the areas of HRH research and advocacy.

In late 2014, as part of its ongoing research collaboration with the USAID-funded Health Policy Project (HPP), BMAF requested that HPP facilitate an organizational capacity assessment (OCA) focused on the strategically important areas of data analysis and use (DAU), knowledge translation (KT), and advocacy (ADV). The OCA self-assessment workshop took place on January 20 and 21, 2015 in Dar es Salaam at the Best Western Plus Peninsula (See Annex A for a detailed agenda).

OCA Key Objectives

- Conduct organizational self-assessment in strategic areas of expertise
- Select priority area(s) for organizational improvement
- Develop detailed capacity-strengthening and monitoring plan for priority areas

Sixteen BMAF staff attended the OCA workshop (representing the majority of BMAF’s Dar-based staff members). Participants came from across the organization, including administration, human resources, monitoring and evaluation, programs, and technical leadership (See Annex B for workshop registration sheets).

METHODOLOGY

A participatory assessment can be an important diagnostic, learning, and growth tool, providing time and space for staff members (and representatives of the board, where applicable) to share their perspectives about the organization's functioning, strengths, and challenges. Joint decision making about how to improve performance promotes consensus, increases the likelihood that staff will commit to those actions, and puts the organization in control of its own growth.

The HPP OCA is a facilitated self-assessment exercise using a tool tailored to the organization's mission. The capacity assessment process supports the organization by

- Establishing a baseline of the organization's capacity in key areas.
- Promoting organizational dialogue, learning, and standard setting.
- Informing the development of a capacity-strengthening plan for addressing organizational priorities

HPP's OCA reflects the following **four core principles**:

1. **Appreciation**— Instead of identifying weaknesses and correcting problems, the OCA focuses on discovering internal strengths and building on success to achieve even more.
2. **Context-specificity**—The OCA helps the organization define its own understanding of capacity and chart growth within its particular sociocultural context, local environment, and vision of the future.
3. **Internal reflection**—Few groups take the time to reflect on their performance and establish a joint vision for the future. Doing so strengthens internal collaboration across functions and creates a shared commitment to a goal.
4. **Sectoral standards**—The OCA tool reflects competencies recognized by leaders as being important for organizational performance. By analyzing an organization against sectoral standards, the assessment can raise awareness among staff and board members about what constitutes organizational excellence and provide a foundation for the organization to continually strive for new performance objectives.

OCA Phases and Re-assessment

The OCA process was adapted for the BMAF context, resulting in a five-phase assessment process conducted over two days. The process guided BMAF staff to think critically and creatively about the future of their organization. Prior to the assessment, facilitators collaborated with BMAF leadership and key staff to provide an overview of the process and exchange expectations. The assessment team also worked with BMAF senior leadership to identify technical focus areas: data analysis and use, knowledge translation, and advocacy. BMAF leadership also selected relevant indicators for assessing organizational development. The full BMAF assessment consisted of five phases.

Phase 1: Visioning

To understand and plan where an organization is going, the organization must first understand its current situation, and how it has advanced and evolved over time. The visioning exercise helps staff members clarify and articulate a common vision for the future of the organization. The exercise achieves this by having participants construct a timeline of key internal and external events that have influenced the development of the organization from its founding through to the present. After constructing the timeline, participants identify organizational goals for the coming five years.

Phase 2: Facilitated self-assessment

The second phase of the BMAF OCA process facilitates objective discussions about organizational strengths and opportunities for improvement. Participants begin by anonymously rating the organization on selected technical focus areas.

Phase 3: Results review and analysis

During phase three, results of the facilitated self-assessment are presented, and participants are divided into groups. Each group is asked to discuss the results for one of the selected focus areas, identifying strengths and weaknesses demonstrated by the results.

Phase 4: Prioritization

During this phase, participants produce a prioritized list of organizational indicators by voting on which of the strengths and weaknesses identified in phase three they feel are most important for reaching the organization's goals.

Phase 5: Action planning

The final phase of the process consists of group brainstorming and action planning sessions, during which participants outline plans to improve the organization's performance in the priority indicators identified.

Technical Focus Areas

An organizational self-assessment carried out by BMAF staff in January 2010, with technical guidance from Management Sciences for Health, demonstrated the need to review the organization's strategic plan, taking into consideration the rapid expansion of the foundation's activities, structure, institutional networks, and funding sources. The 2015 OCA revisited the internal capacity building needs identified by the revised strategic plan (2008–2012), including strengthening the organizational structure, improving operating systems, enhancing financial stability, and improving service quality.

In consultation with BMAF senior leadership, three technical areas were isolated for in-depth analysis using the OCA methodology: data analysis and use, knowledge translation, and advocacy. Lists of characteristics demonstrating high capacity in each of these areas are provided below.

Data Analysis and Use

High capacity for data analysis and use includes being able to

- Regularly demand data as a part of the decision making process;
- Synthesize, communicate, interpret, and facilitate the use of data to support program review and planning, policy dialogue, advocacy and policy development, resource allocation, and program management, implementation, and improvement; and
- Collaborate and coordinate across sectors and among individuals and organizations to ensure that data are of high quality and trusted by potential data users.

Knowledge Translation

High capacity in knowledge translation includes being able to

- Identify key data and information needed for decision making;
- Broker information exchanges between researchers and policymakers and other stakeholders;
- Effectively translate that information into non-technical and easily understood language and messages; and

- Strategically communicate that information through a variety of formats and channels to support policy change.

Advocacy

High capacity in advocacy includes being able to

- Develop targeted, strategic actions and messages based on convincing evidence;
- Consult with and represent various communities or constituents; and
- Constructively engage in multi-stakeholder dialogue with relevant actors, including policymakers and decisionmakers.

RESULTS

Phase 1: Visioning exercise

Visioning exercises can help an organization clarify its goals and set new standards of excellence. There are many approaches for conducting a visioning exercise. Visioning activities may be used to draft a formal organizational vision statement to accompany a mission statement, or as part of strategic planning processes to guide the identification of strategic goals. Visioning can be particularly helpful if an organization is nascent, has undergone rapid growth, or is experiencing changes in its internal or external environment.

For this particular assessment, participants were facilitated through a timeline exercise. This set the stage for the self-assessment and action planning processes by helping participants reflect on the life cycle of the organization and future goals. Participants were presented with a blank timeline that spanned from the founding of BMAF (2006) through the present day (2015), and five years into the future (2020). Participants were asked to identify key internal and external events that have influenced the development of the organization. After constructing the historical timeline, they were asked to identify organizational goals for the next five years. This active and participatory exercise allowed everyone in the room to contribute to constructing a collective understanding of the organization's past and a joint vision for its future. Responses were compiled on presentation boards and discussed among all participants.



Participants considered noteworthy events and trends in the operating environment, organizational milestones and achievements, and the organization's desires for the future. Given that participants had varying histories and lengths of time with BMAF, events and the significance of those events held different meanings and importance for different staff. Staff with long tenure at the organization identified critical points where the organization changed direction and scope. Others focused on funding. Technical staff emphasized the technical focus of BMAF's work and how this shifted over time. One point of interest noted in the history was how government and policy have affected BMAF's focus as an organization.

Discussion of BMAF's growth centered on its technical focus, expansion, and the role of government and policy changes. Discussion of the organization's future focused on organizational development. The vision areas for 2015–2020 centered around sustainable financing, expansion, and scaling up. Responses centered around six common themes:

1. Build a self-sustaining financial base
2. Strengthen role in policy advocacy
3. Expand internationally beyond Tanzania
4. Become a grant-making institution
5. Scale up portfolio in emerging health needs
6. Become a source of innovation in HRH

While these are all important operational needs to grow technical areas, the shift from technical objectives to organizational growth observed in this exercise should be noted. It is also interesting to note that participants expressed a vision of expanding BMAF beyond Tanzania and becoming a grant-making organization. More tenured staff had varying visions for growth than those with a shorter time at BMAF, and there were different means of expressing this vision.

It was important for participants to identify areas in which BMAF is in need of further growth, as understanding this is essential to strengthening the three technical focus areas identified at the beginning of the OCA process: data analysis and use, knowledge translation, and advocacy.

Phase 2: Facilitated self-assessment

As described in the methodology section, prior to the OCA workshop, BMAF leadership, key staff members, and the assessment team worked together to identify technical focus areas and relevant indicators. In preparation for the self-assessment, participants were divided into groups. Each group reviewed the pre-selected indicators in one of the three technical focus areas and then led all participants in the completion of the appropriate scoring sheet. Prior to beginning the self-assessment, groups were permitted to propose changes to the indicators if they felt a modification was necessary to make the indicator more applicable to the BMAF context or better capture a skillset. Table 1 lists the changes that were proposed and accepted by the BMAF staff. For example, BMAF staff felt they should be actively promoting data use in areas beyond policy development. Therefore, indicator DAU1 was expanded to include the use of information in program development and monitoring and evaluation (M&E) as well. In addition, indicator ADV6 was broken into three separate indicators to allow the organization to assess engagement with policymakers at different levels of the health system.

Table 1. Edits to final self-assessment indicators (changes underlined)

Original indicator	Final indicator
DAU1. Staff facilitate the use of information at different points in the policy process.	DAU1. Staff facilitate the use of information at different points in the policy process, <u>program development, and M&E.</u>
KT2. Staff have a basic understanding of the research process and a variety of research methodologies.	KT2. <u>Relevant</u> staff have a basic understanding of the research process and a variety of research methodologies.
ADV2. Staff use quantitative methods effectively to gather input on stakeholder needs, priorities, and how policies affect them.	ADV2. Staff use <u>qualitative and quantitative</u> methods effectively to gather input on stakeholder needs, priorities, and how policies affect them.

ADV3. Staff use qualitative methods effectively to gather input on stakeholder needs, priorities, and how policies affect them.	
ADV6. The organization maintains constructive links with a range of policy stakeholders, including communities, decisionmakers, and peer organizations.	ADV6a. The organization maintains constructive links with <u>policy stakeholders</u> at the <u>central/national level</u> .
	ADV6b. The organization maintains constructive links with <u>policy stakeholders</u> at the <u>local level</u> .
	ADV6c. The organization maintains constructive links with <u>policy stakeholders</u> at the <u>community level</u> .

Following the review and finalization of the indicators, the self-assessments were administered. Each participant was presented with an anonymous scoring sheet with which to rate the organization on indicators in the three technical focus areas (data analysis and use, knowledge translation, and advocacy). The respondents responded using a four-level Likert scale to indicate their level of agreement with the selected indicators. “Strongly disagree,” “disagree,” “agree,” and “strongly agree” were assigned numerical values of 1, 2, 3, and 4, respectively. “DK” was assigned a numerical value of 0. Participants were strongly discouraged from selecting “DK.” Participants were given 10–15 minutes to complete each of the scoring sheets. Responses were compiled anonymously using the Excel-based OCA results spreadsheet, and aggregate results were presented to the group the following day. The final scoring sheets and indicators are available in Annexes B, C, and D of this report.

Figure 1. Average score by technical area

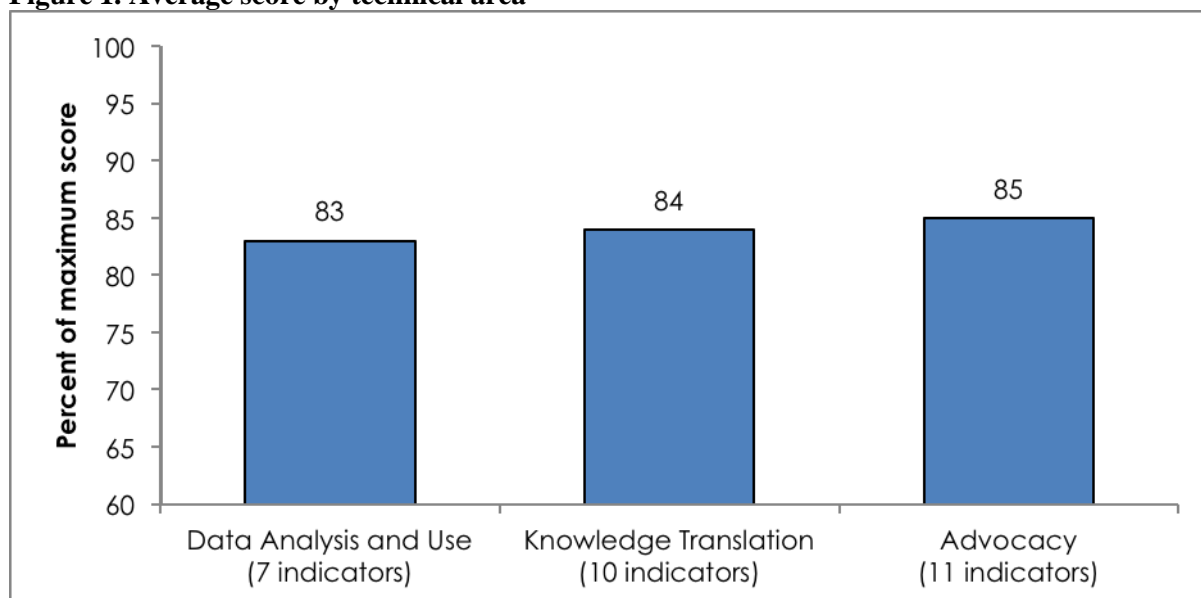


Figure 1 presents the average result as a percentage of the maximum possible score for each of the three technical focus areas. On average, the results indicate that the respondents felt they were strong in the areas of data analysis and use (83 percent) and knowledge translation (84 percent). However, there was a slight edge in the area of advocacy (85 percent). Indeed, very few respondents “disagreed” or “strongly

disagreed” with more than one or two of the indicator statements. However, these overall results belie the significant underlying variation present within each of the technical areas.

Figures 2, 3, and 4 demonstrate this variation. For ease of interpretation, the indicators are ranked according to average response. In the area of data analysis and use, respondents rated themselves highest in indicators DAU4 (“Staff are able to identify potential target audiences and users of data...”) and DAU6 (“The organization facilitates the use of information...”). Respondents rated themselves lowest in indicator DAU3 (“Staff are able to compile and analyze data from different sources to apply to specific questions...”).

In the area of knowledge translation, respondents rated the organization highly in indicators relating to the organization’s ability to collaborate and translate research for outside stakeholders (KT7, KT6, KT3, KT9, and KT4). Respondents rated the organization lower on specific skills such as research design (KT2), public speaking (KT5), and policy issue awareness (KT1).

Lastly, in the area of advocacy, respondents rated themselves highest in indicators related to national- and local-level advocacy efforts (ADV4, ADV6a, ADV6b, ADV10, and ADV1). Respondents also felt BMAF has trust among the public (ADV7). However, they rated perceived trust among members of the media (ADV8) and community-level engagement (ADV6c) as lower than among other groups. Respondents also rated the organization lower in monitoring of short- and medium-term advocacy outcomes (ADV5) and in gathering information about stakeholder priorities (ADV2).

Figure 2. Average self-assessment score by indicator: Data Analysis and Use

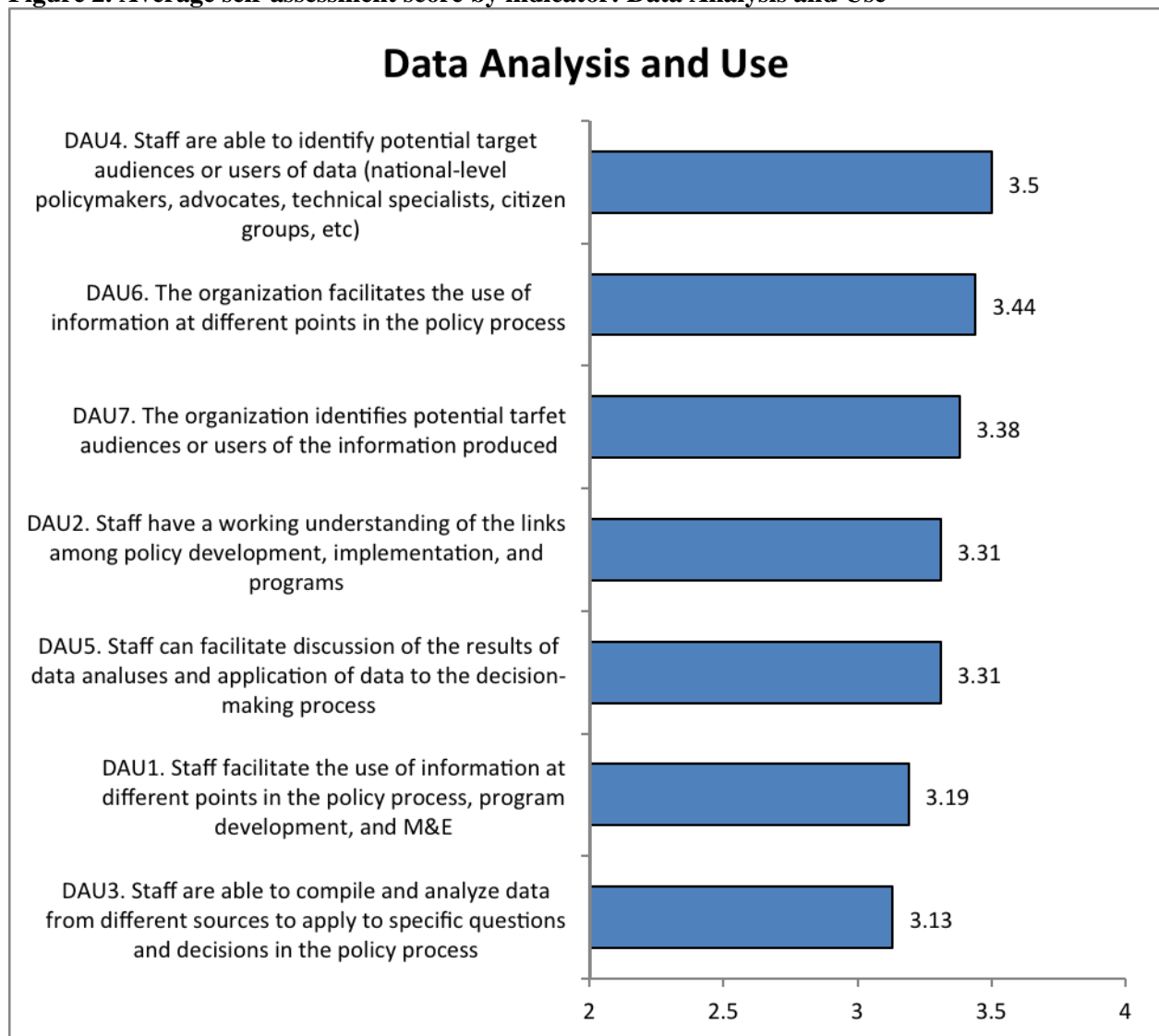


Figure 3. Average self-assessment score by indicator: Knowledge Translation

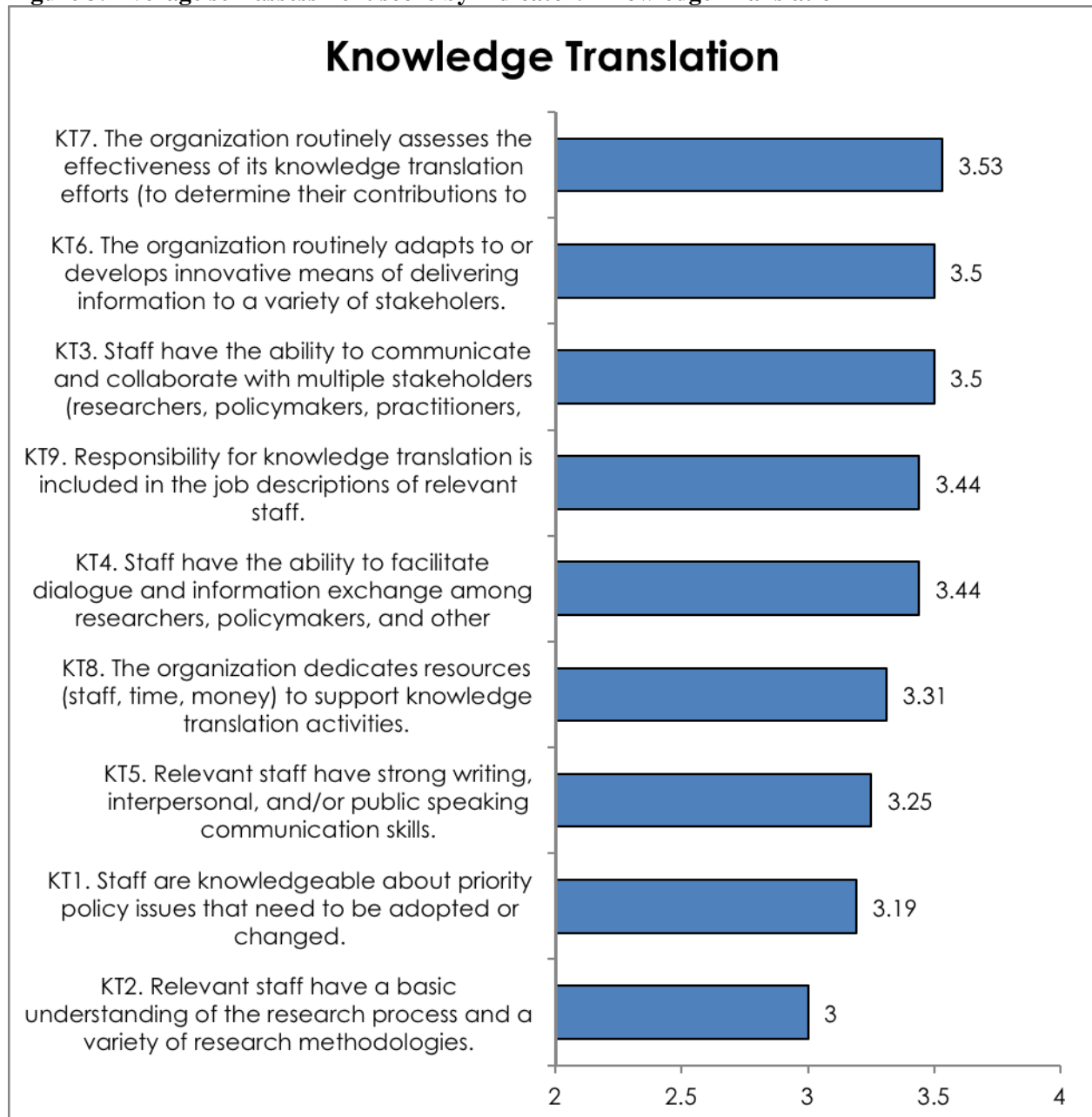


Figure 4. Average self-assessment score by indicator: Advocacy



Phase 3: Results review and analysis

Following the presentation of the results of the self-assessment, participants were asked to discuss the results in small groups and identify both strengths and opportunities for improvement in the three technical areas. These could be individual indicators or greater themes that were evident from the results or emerged during the group discussions. Following the small group work, the resulting tables were presented back to the full group for feedback. Table 2 presents the results of this exercise.

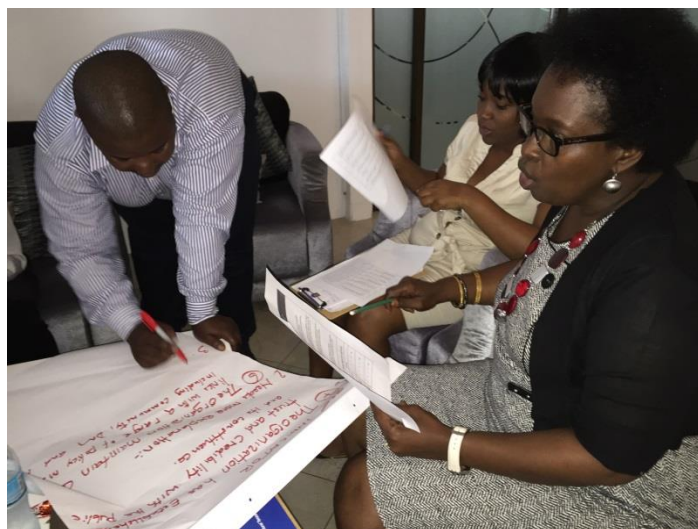


Table 2. Organizational strengths and opportunities for improvement in each technical area as identified by participants

Data Analysis and Use	
Strengths	Opportunities for improvement
Staff well linked and networked with lower and central level	Lack of 'big picture' analyses outside of project products
Identification and participation in the key forum for policy change/processes	Lack of systems to support data analysis
Have easy access to data (especially from government)	Skills for compiling and analyzing of data
Staff with healthcare backgrounds and relationships	Lack of clear structure and definition of roles in data compilation and analysis from field and HQ
	No clear responsibility for policy-level data analysis
Knowledge Translation	
Strengths	Opportunities for improvement

KT1 - We complement government efforts and there are different policy documents we use	KT2 - Skills gap of the staff caused by shift from M&E to strategic information management roles
KT3 - Since we have been doing it successfully, we have experience of doing it. There is system in place like guide, etc. Resources to support KT	KT7 - No formal supportive system to enhance knowledge translation process
S.I. management unit	Understanding true implications of data
	Innovative communication
Advocacy	
Strengths	Opportunities for improvement
Ability to turn programs into advocacy opportunities	Strengthened advocacy strategy
Organization maintains constructive links with policy stakeholders at central and national levels	Better monitoring of advocacy efforts
Staff understand the political environment/ power dynamics among stakeholders	Developing a communications strategy
	Organization maintains consistent links with policy stakeholders at community level

Phase 4: Prioritization

Following the identification of organizational strengths and weaknesses, participants were given the opportunity to vote on which strengths or opportunities they felt were most important for capacity development to reach the organizational goals identified during the visioning exercise.

Using the flipcharts from the previous exercise, each participant was given three stickers (representing three votes) to place next to the strength/weakness they thought was most important to reach organizational goals. Participants were allowed to vote multiple times for the same indicator. The result was a prioritized list of organizational indicators for strategic improvement.

The top two opportunities for improvement as voted by the BMAF staff were both in the area of advocacy. Lack of an advocacy strategy was identified as the greatest opportunity (9 votes). Participants also pointed out the need to monitor short- and medium-term changes in the HRH policy environment to assess the contribution of BMAF's advocacy efforts (7 votes).



In the area of knowledge translation, participants felt there was a critical gap in strategic information management skills among staff (6 votes). This was tied to the relevantly recent focus on advocacy and the adaptation of M&E staff to that new responsibility. Participants also identified a need for supportive systems to encourage knowledge translation activities alongside traditional programmatic work (4 votes).

With regards to data analysis and use, participants indicated that there is currently a lack of “big picture” analyses to directly address timely policy questions outside of the often narrow scopes of programmatic work and project products (5 votes) and that there are no systems currently in place to encourage this type of “big picture” work (4 votes). Table 3 ranks the strengths and opportunities that received at least one vote.

Table 3. Prioritized strengths and opportunities for improvement

Rank	Technical Area	Priority	Votes
1*	ADV	Advocacy strategy	9
2*	ADV	ADV5 - The organization monitors short- and medium-term changes in the policy environment to assess the contribution of its advocacy	7
3*	KT	KT2 - Skills gap of the staff caused by shift from M&E to strategic information management roles	6
4*	DAU	Lack of 'big picture' analyses outside of project products	5
5*	DAU	Lack of systems to support data analysis	4
5*	KT	KT7 - No formal supportive system to enhance knowledge translation process	4
5	KT	Understanding true implications of data	4
8	DAU	Skills for compiling and analyzing of data	3
8	DAU	Lack of clear structure and definition of roles in data compilation and analysis from field and HQ	3
8	ADV	Communications Strategy	3
11	ADV	The organization uses findings from monitoring its advocacy activities to adapt its strategy and improve further activities	1
* Top two indicators from each technical area. These indicators were used for the phase 5 (action planning) activity.			

Phase 5: Action planning

The prioritization activity gave participants a clear view of opportunities for improvement across all three technical focus areas: data analysis and use, knowledge translation, and advocacy. The OCA workshop culminated in a brainstorming session to outline action plans for improving the prioritized indicators. Select priorities are highlighted below along with supportive action plan graphs for each objective.

Participants were again divided into three groups, one for each technical area. Each group was asked to propose actions to build BMAF's capacity in the two priorities with the most votes in their technical area. In addition to proposing action steps, the teams were also asked to list resource requirements, approximate timelines (6, 12, or 24 months), and possible indicators for monitoring implementation. The resulting action plans were converted into charts (See Tables 3, 4, and 5 below). Following the OCA, the results of the action planning brainstorm session were shared with BMAF for further refinement into a fully articulated capacity development strategy.

In phase 4, participants identified lack of an advocacy strategy as BMAF's highest priority opportunity for improvement. Participants outlined the following steps to address this priority:

- Conduct a desk review of existing advocacy strategy to determine the needs and priorities.
- Develop terms of reference (TOR) for a consultancy to revise current advocacy strategy (Human Resources, approximately 6 months to put TOR in place).
- Engage a consultant to draft a new advocacy strategy.

The need to monitor short- and medium-term changes in the policy environment to assess the contributions of BMAF's advocacy was identified as the second most pressing issue facing the organization. Participants identified the following steps to address this issue:

- Develop mechanism for monitoring and evaluating BMAF advocacy efforts.
- Routinely monitor advocacy under previously identified themes at strategic points (6, 12 and 24 months).



Additionally, participants recognized a need to address the skills gap in the research process caused by the shift of staff from M&E to strategic information management roles. The following steps were outlined to achieve this goal:

- Review skills requirements and redefine required positions according to new needs.
- Based on this redefinition, capacitate existing positions and fill new positions by hiring, training, and outsourcing coaching (12 to 24 months).

In conversations with BMAF staff following the OCA, the assessment team discussed the skills gap further. One key point emerging from these conversations was the importance of partnerships: Collaborations with other advocacy partners (both government and non-governmental) could help BMAF offset skills gaps. Moreover, such collaborations would also constitute learning experiences—opportunities for BMAF staff to expand and strengthen their own skillsets beyond the bounds of formal trainings.

The last issue, but perhaps the most crucial issue to address, is the lack of “big picture” analysis outside of existing scopes of programmatic work and project products. Participants set a deadline of 12 months for addressing this issue. Within this time period, the organization should be able to link and measure project data, show the impact of its projects through analysis of its work and the way that this work is aligned with government plans. To ensure that staff are obtaining the best data on progress, participants agreed there should also be a focus on enhancing the data analysis skills of staff through refresher courses. This may include recruiting a senior data analyst and strengthening the strategic information unit.

Finally, for BMAF to progress and successfully carry out these action steps, supportive systems must be working and there must be an enabling environment for enhancing knowledge translation processes. Participants committed to the following actions to move this forward:

- Participants will conduct a working session with a technical person to map key systems/process within 6 months.
- Over the course of the next 12 to 24 months, BMAF will develop an action plan for implementing the findings.
- The financial portfolio must be increased every 6 months for the next 24 months.
- Senior management will prioritize business plans to ensure the allocation of appropriate resources
- Clear structures will be established and roles clearly defined over the next 12 to 24 months.

Table 3. Proposed action plan for Data Analysis and Use

Priority	Proposed Actions	Resource needs	Timeframe (months)			Indicator
			6	12	24	
Lack of 'big picture' analysis outside of project products	To link and measure project data to national and regional level data	HR/funds/time		x		Annual report
	Show the impact of projects through the analysis of BMAF work vs government plan			x		Policy briefs published
	Enhance current data analysis skills internally through refresher courses					
	Recruit senior technical advisor working across all three objectives			x		Annual report
	Recruit senior data analyst			x		Annual report
	Strengthen strategic information unit			x		Annual report
Lack of systems to support data analysis	Establish clear structures and definition of roles	HR/funds/time		x	x	

Table 4. Proposed action plan for Knowledge Translation

Priority	Proposed Actions	Resource needs	Timeframe (months)			Indicator
			6	12	24	
Skill gap on research process/ methodologies	Redefine/Review skills requirements	External technical person/funds/time	x			Job requirement redefined

	Recruit senior technical advisor working across all three objectives			x		Annual report
	Based on findings, either capacitate or fill the gaps by hiring/outourcing coaching	External technical person/funds/time		x	x	OPA
	Job allocation and performance contracts	External technical person/funds/time	x			Performance agreements (review)
Supportive systems for enhancing knowledge translation processes	Conduct a working session with a technical person to map out Key Systems/process	External technical person/funds/time	x			OPA
	Develop an action plan for implementing findings	External technical person/funds/time		x	x	Mapping report
	Increase financial portfolio	External technical person/funds/time	x	x	x	Business plan/RMS

Table 5. Proposed action plan for Advocacy

Priority	Proposed Actions	Resource needs	Timeframe (months)			Indicator
			6	12	24	
Advocacy strategy	Review of existing advocacy strategy					
	Develop TOR	HR	x			TOR in place
	Engage consultant	HR/funds/time	x			Consultant engaged
	Peer review of first draft	HR/funds/time	x			Draft advocacy strategy
	Compile input	HR/funds/time	x			Final advocacy strategy in place
	Implement and monitor	HR/funds/time	x	x	x	Refer to indicator 2
The organization monitors short- and medium-term changes in the policy environment to assess its contributions in advocacy	Develop advocacy M&E	HR/funds/time				Advocacy M&E framework in place with defined indicators for identified activities
	• Conduct routine advocacy identified theme monitoring	HR/funds/time	x	x	x	As per M&E framework (Advocacy)
	• Survey	HR/funds/time	x		x	
	• Research	HR/funds/time				
	• Policy table [discussion]	HR/funds/time				
	• Feedback monitoring	HR/funds/time				
	• Review of national document/report	HR/funds/time				
Recruit senior technical advisor working across all three objectives	• Create job description, secure funds, contract	HR/funds/time	x			Annual report

Recommendations

Since its establishment in 2006, BMAF has sought to strengthen Tanzania's health system by promoting and strengthening the human resources on which that system depends. To achieve its mandate, BMAF has worked in close collaboration with the MOHSW, civil society, and international donors—over time gaining recognition as the preeminent Tanzanian civil society organization promoting HRH. The OCA process was intended to strengthen BMAF by enabling staff to define future goals, identify and prioritize areas of strength and opportunities for improvement, and devise action plans that will position the organization to achieve its vision. Based on the outcomes of the OCA process, we offer the following recommendations:

(1) BMAF should build on the momentum of the OCA and continue the process of organizational self-improvement in advocacy by operationalizing the proposed ideas from the OCA action planning brainstorm (Tables 3, 4, and 5).

- a. Action steps should be developed in the form of SMART objectives (specific, measurable, achievable, relevant, and time-bound).
- b. To ensure accountability, action plan activities should be integrated in current and future job descriptions, and achievement of action plan objectives should be tied to employees' annual performance reviews.
- c. As much as possible, capacity development activities should avoid traditional trainings and workshops. Instead, these activities should institutionalize processes for maintenance and improvement of skills in research and advocacy. Capacity development activities should include actively seeking learning experiences in the form of collaborations with advocacy partners.

(2) BMAF should expand its collaborations with both government and non-governmental advocacy partners.

- a. Collaboration among stakeholders is essential to building a broad base of support for policy issues. Therefore, it is a necessary component to effective policy advocacy. BMAF should expand and develop its network of advocacy partners. As a highly reputable name in HRH research, BMAF is an attractive partner for a wide array of advocacy efforts. Collaborations with established advocacy organizations will allow BMAF to draw on partners' complementary skillsets to disseminate products, increase the impact of policy recommendations, and enhance the capacity of BMAF staff.
- b. The HRH challenges facing Tanzania are complex issues which affect the performance of the entire health sector, not just HIV programs. Therefore, BMAF should think beyond traditional HIV stakeholders to explore possible collaborations with organizations in other health areas, such as maternal and child health, malaria, and non-communicable diseases.

(3) BMAF should invest in developing and hiring technical staff to fill identified skills gaps.

- a. Hiring mid-level technical staff members with expertise in research methods can fill several important roles within the organization. Staff with these skills would reduce the administrative burden on senior management, as well as provide mentorship for junior staff members. Mid-level staff are also important targets for capacity-building activities and potential developers of new work.

- b. Currently, the majority of new technical work is tasked to outside consultants. In addition to reducing the ability of program managers to monitor progress and quality of research, the use of consultants limits the institutional knowledge of previous work and ownership over technical products. While consultants are likely to remain a necessary resource for research, whenever possible, BMAF should consider hiring full-time staff to manage research activities.
- c. Job descriptions for mid-level positions should reflect the skills and tasks identified as challenges during the OCA in the areas of data analysis and use, knowledge translation, and advocacy. These investments should be closely monitored with indicators that illustrate the value of the additional team members.

(4) BMAF should work with the contracts, finance, and operations staff to strengthen internal grant management processes.

- a. As BMAF grows and expands its funding base, particular attention should be paid to strengthening the organization's internal capacity to manage project funds. It will be essential to develop robust systems to manage project cash flows and budgets. Moreover, these systems are necessary to satisfy certain donors' requirements for financial accountability. BMAF should develop robust routine systems for monitoring balances, invoices, and payments, with oversight from both technical and support staff.
- b. In addition, BMAF should develop a routine system by which technical staff are regularly notified of project balances and required to update prospective project budgets. This will ensure that the technical team and finance team are in regular communication about project requirements and planned expenditures.

ANNEX A. AGENDA

Organization Capacity Assessment - Policy Advocacy and Data Analysis Benjamin W. Mkapa HIV/AIDS Foundation Best Western Plus Peninsula Hotel, Dar es Salaam, Tanzania January 20 & 21, 2015

Objectives:

- 1) Conduct organizational self-assessment in strategic areas of expertise
- 2) Select priority area(s) for organizational improvement
- 3) Brainstorm possible actions to improve priority areas

Day One: January 20

Session	Format	Time
REGISTRATION		8:30
Welcome <ul style="list-style-type: none"> ▪ Introductions ▪ Overview of OCA objectives and process ▪ Technical areas <ul style="list-style-type: none"> ○ Data analysis and use (DAU) ○ Knowledge translation (KT) ○ Advocacy 	Plenary address by Dr. Ellen Mkondya-Senkoro	9:00-9:30
Introduction to HPP organizational capacity assessment methodology <ul style="list-style-type: none"> ▪ Visioning exercise ▪ Facilitated self-assessment ▪ Results debrief and priority setting ▪ Action plan development ▪ Monitoring and re-assessment 	Plenary discussion facilitated by Cristin Marona	9:30-10:00
Visioning exercise <ul style="list-style-type: none"> ▪ Overview of current BMAF strategic plan ▪ Organizational history group exercise 	Plenary facilitated by Xan Paxton	10:00-10:45
TEA BREAK		10:45-11:00
Visioning exercise (Small groups) <ul style="list-style-type: none"> ▪ Organizational future small group exercise 	Breakout group discussions	11:00-12:00

Facilitated self-assessment: Introduction <ul style="list-style-type: none"> ▪ Review of technical areas (short PPT) ▪ Introduction to self-assessment scoring sheets 	Plenary facilitated by Carol Miller	12:00-12:30
LUNCH		12:30-1:15
Facilitated self-assessment: Breakout <ul style="list-style-type: none"> • Breakout group selection • In-depth discussion of indicators • Group reporting 	Breakout groups facilitated by champions	1:15-2:00
Facilitated self-assessment: Data analysis and use scoring	Plenary activity led by DAU group	2:00-2:45
TEA BREAK		2:45-3:00
Facilitated self-assessment: Knowledge translation scoring	Plenary activity led by KT group	3:00-3:45
Facilitated self-assessment: Advocacy	Plenary activity led by advocacy group	3:45-4:30
Final questions and thoughts		4:30-5:00
DAY ONE CONCLUSION & GROUP PHOTO		5:00

Day Two: January 21

Session		Time
Welcome		9:00
Review of Day One	Selected participant	9:00-9:10
Overview of Day Two <ul style="list-style-type: none"> ▪ Day Two overview and outstanding questions 	Led by Rahel Sheiza	9:15-9:30
Self-assessment results debrief <ul style="list-style-type: none"> ▪ Present the self-assessment results 	Presentation by Xan Paxton	9:30-10:00
Validate and analyse the assessment results	Breakout group discussions	10:00-10:30
TEA BREAK		10:30-10:45
Priority setting for capacity-strengthening	Group activity facilitated by Xan	10:45-11:30

<ul style="list-style-type: none"> ▪ Prioritization activity ▪ Select focus areas of expertise 	Paxton	
Outline capacity-strengthening action plan <ul style="list-style-type: none"> ▪ Brainstorm actions for strengthening organizational capacity in priority areas 	Breakout group activity	11:30-1:00
Next steps and final address		
LUNCH and DAY TWO CONCLUSION		1:00-2:00

ANNEX B. ATTENDEES

BMAF Organizational Capacity Assessment – Day One January 20, 2015	
Name	Title
Reshtuta Masao	FPA
Issuja Kilian	PO-HW
Miyeye Yahya	PO-MT
Christina Godfrey	PO-Adv
Rahma A Musoke	SIO
Msomisi Mbenna	ITBD
Valenian Lemo	PO-CX3
Zuweina Kondo	PMSD
Frank Rweikiza	PRO
Christina Malembeka	FPC
Dr Adeline Saguti	PMCD
Dr Lusekelo Njonge	H S I
Dr Ellen Semkoro	CEO
Arch Kibudia Mwamu	PO-HI
Rahel Sheiza	DOP
Irene Ungani-Kyara	Director of HR and Admin

BMAF Organizational Capacity Assessment – Day Two January 21, 2015	
Name	Title
Reshtuta Masao	FPA
Issuje Kelvan	PO-HW
Miyeye Yahya	PO-MT
Christina Godfrey	PO-Adv
Rahma A Musoke	SIO
Valenian Lemo	PO-CX3
Dr Adeline Saguti	PMCD
Dr Lusekelo Njonge	H S I
Rahel Sheiza	DOP
Irene Ungani-Kyava	Director of HR and Admin
Frank Rweikiza	PRO

ANNEX C. SELF-ASSESSMENT SCORING SHEET: DATA ANALYSIS AND USE

Technical Area: Data Analysis and Use	
<p>Performance Ideal:</p> <p>High capacity for data analysis and use includes being able to</p> <ul style="list-style-type: none"> • Regularly demand data as a part of the decision-making process; • Synthesize, communicate, interpret, and facilitate the use of data to support program review and planning, policy dialogue, advocacy and policy development, resource allocation, and program management, implementation, and improvement; and • Collaborate and coordinate across sectors and among individuals and organizations to ensure that data are of high quality and trusted by potential data users. <p>At the highest performance level, data analysis and use efforts respond directly to the information needs of data users and consumers and directly address stated policy and program questions.</p> <p>In the ideal, the following would exist:</p> <ul style="list-style-type: none"> • A robust and inter-operable information system that allows for streamlined collection, analysis, and communication of data, including routinely collected service statistics and surveillance data and non-routine sources of information, such as special studies and operations research • A systematic strategic planning process that includes the development of a research agenda to define and respond to questions of interest to data users • Opportunities and mechanisms for convening data users and producers regularly to discuss policies and programs, review relevant data, and generate demand for data to inform specific decisions • Data and information regularly shared in appropriate formats with appropriate audiences • National systems, guidelines, and protocols for registering new research, communicating findings, and storing, accessing, and sharing data 	
<p>Scoring: 1 = strongly disagree; 2 = disagree; 3 = agree; 4 = strongly agree; DK = don't know</p>	
Indicator Statements	Score
1. Staff facilitate the use of information at different points in the policy process, program development, and M&E.	1 2 3 4 DK

2. Staff have a working understanding of the links among policy development, implementation, and programs.	1	2	3	4	DK
3. Staff are able to compile and analyze data from different sources to apply to specific questions and decisions in the policy process.	1	2	3	4	DK
4. Staff are able to identify potential target audiences or users of data (national-level policymakers, advocates, technical specialists, citizen groups, etc.).	1	2	3	4	DK
5. Staff can facilitate discussion of the results of data analyses and application of data to the decision-making process.	1	2	3	4	DK
6. The organization facilitates the use of information at different points in the policy process.	1	2	3	4	DK
7. The organization identifies potential target audiences or users of the information produced.	1	2	3	4	DK

ANNEX D. SELF-ASSESSMENT SCORING SHEET: KNOWLEDGE TRANSLATION

Technical Area: Knowledge Translation	
<p>Performance Ideal:</p> <p>High capacity in knowledge translation includes being able to</p> <ul style="list-style-type: none"> • Identify key data and information needed for decision making; • Broker information exchanges between researchers and policymakers and other stakeholders; • Effectively translate that information into non-technical and easily understood language and messages; and • Strategically communicate that information through a variety of formats and channels to support policy change. <p>Individuals and organizations are able to identify evidence (research or data) that can be used to influence policy change and are able to translate the evidence into easily understood language. They have myriad skills for communicating the information through print, digital, and verbal formats; media outlets; and constructive engagement with policymakers and decisionmakers. At the highest level of performance, organizations and individuals play leadership roles— with the ability to gain access to decisionmakers and provide policy-relevant information that is actionable—and often help communicate the data needs of decisionmakers back to researchers. Effective knowledge translation at this level contributes to a culture and practice where the best available information is regularly communicated to (and demanded by) decisionmakers in support of policy change.</p> <p>In the ideal, the following would exist:</p> <ul style="list-style-type: none"> • Basic data collection systems and research and public sharing of the data • A public, transparent, and evidence-based policy process • A culture where nongovernmental organizations, think tanks, and universities engage with government to influence policy • Opportunities and mechanisms for policy dialogue and influence • Systemic monitoring and evaluation of the impacts of policy • Opportunities and mechanisms for policymakers to influence research and data collection to meet policy information needs 	
<p>Scoring: 1 = strongly disagree; 2 = disagree; 3 = agree; 4 = strongly agree; DK = don't know</p>	
Indicator Statements	Score

1. Staff are knowledgeable about relevant priority policy issues that need to be adopted or changed.	1	2	3	4	DK
2. Relevant staff have a basic understanding of the research process and a variety of research methodologies.	1	2	3	4	DK
3. Staff have the ability to communicate and collaborate with multiple stakeholders (researchers, policymakers, practitioners, journalists).	1	2	3	4	DK
4. Staff have the ability to facilitate dialogue and information exchange among researchers, policymakers, and other stakeholders.	1	2	3	4	DK
5. Relevant staff have strong writing, interpersonal, and/or public speaking communication skills.	1	2	3	4	DK
6. The organization routinely adapts to or develops innovative means of delivering information to a variety of stakeholders.	1	2	3	4	DK
7. The organization routinely assesses and monitors the effectiveness of its knowledge translation efforts (to determine their contributions to policy outcomes and learn lessons to improve future activities).	1	2	3	4	DK
8. The organization dedicates resources (staff, time, money) to support knowledge translation activities.	1	2	3	4	DK
9. Responsibility for knowledge translation is included in the job descriptions of relevant staff.	1	2	3	4	DK
10. The organization maintains constructive links with a variety of policy stakeholders, including communities, decisionmakers, and peer organizations.	(assessed on advocacy scoring sheet)				

ANNEX E. SELF-ASSESSMENT SCORING SHEET: ADVOCACY

Technical Area: Advocacy						
<p>Performance Ideal:</p> <p>High capacity in advocacy includes being able to</p> <ul style="list-style-type: none"> • Develop targeted, strategic actions and messages based on convincing evidence; • Consult with and represent various communities or constituents; and • Constructively engage in multi-stakeholder dialogue with relevant actors, including policymakers and decisionmakers. <p>At the highest level of performance, individuals and organizations take on a leadership role, based on their comprehensive knowledge of the issue and their ability to convene the right mix of people. They communicate policy implications regularly to constituents and mobilize them to become active in advocacy activities.</p> <p>Advocacy at this performance level contributes to a culture and practice where policies are made and evaluated based on sound evidence. Advocacy becomes one of the primary means for social participation in the policy process—either directly or through accurate representation of citizens’ collective voices by advocacy organizations.</p> <p>In the ideal, the following would exist:</p> <ul style="list-style-type: none"> • Opportunities and mechanisms for large-scale policy dialogue and influence • Effective communication and transition of policies from policymakers to policy implementers • Systemic monitoring and evaluation to identify the positive and negative effects of policy formulation and implementation 						
<p>Scoring: 1 = strongly disagree; 2 = disagree; 3 = agree; 4 = strongly agree; DK = don’t know</p>						
Indicator Statements		Score				
1. Staff understand the political environment/power dynamics among stakeholders.		1	2	3	4	DK
2. Staff use quantitative and qualitative methods effectively to gather input on constituency needs, priorities, and how policies affect them.		1	2	3	4	DK

4. The organization uses findings from monitoring its advocacy activities to adapt its strategy and improve future activities.	1	2	3	4	DK
5. The organization monitors short- and medium-term changes in the policy environment to assess the contribution of its advocacy efforts.	1	2	3	4	DK
6. a. The organization maintains constructive links with a range of policy stakeholders at the central/national level.	1	2	3	4	DK
6. b. The organization maintains constructive links with a range of policy stakeholders at the local level.	1	2	3	4	DK
6. c. The organization maintains constructive links with a range of policy stakeholders at the community level.	1	2	3	4	DK
7. The organization has established trust and credibility with the public and its constituents.	1	2	3	4	DK
8. The organization has established trust and credibility with the media.	1	2	3	4	DK
9. The organization has established trust and credibility with the donor community.	1	2	3	4	DK
10. The organization has established trust and credibility with key government agencies.	1	2	3	4	DK

ANNEX F. SELF-ASSESSMENT RESULTS REPORT

Organizational Capacity Assessment

Benjamin Mkapa HIV/AIDS Foundation

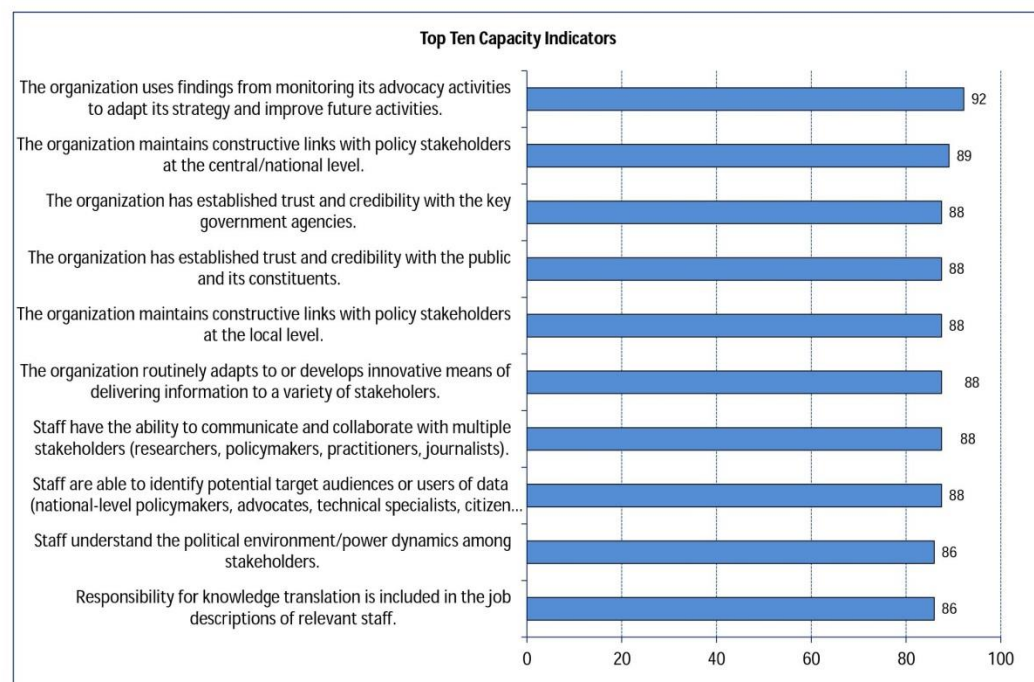
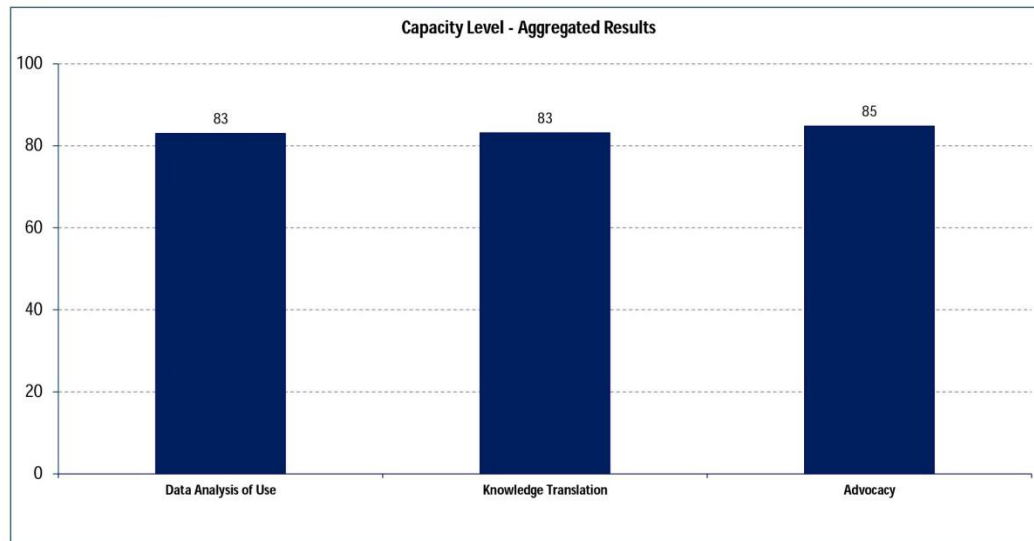
Dar es Salaam, Tanzania

1/21/2015

Organizational Capacity Assessment

Organization's Name Assessment Date
 Number of Participants Results Debriefing Date

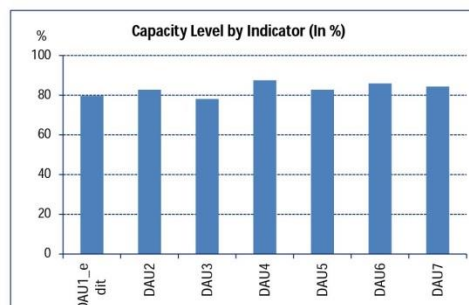
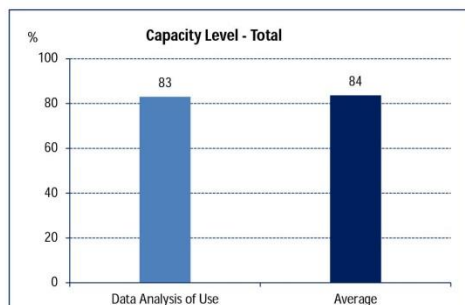
Results



Data Analysis of Use

Ranking Capacity

3rd



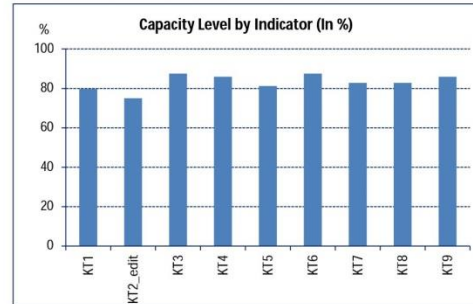
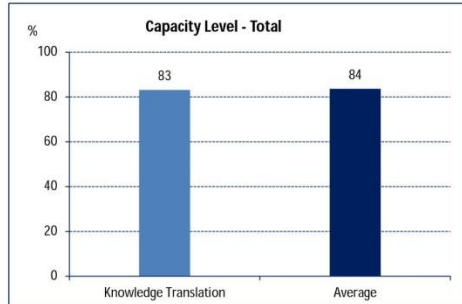
Detail

Indicator	Description	Average
	Maximum Value ==>	4.00
DAU1_edit	Staff facilitate the use of information at different points in the policy process, program development, and M&E.	3.19
DAU2	Staff have a working understanding of the links among policy development, implementation, and programs.	3.31
DAU3	Staff are able to compile and analyze data from different sources to apply to specific questions and decisions in the policy process.	3.13
DAU4	Staff are able to identify potential target audiences or users of data (national-level policymakers, advocates, technical specialists, citizen groups, etc.).	3.50
DAU5	Staff can facilitate discussion of the results of data analyses and application of data to the decision-making process.	3.31
DAU6	The organization facilitates the use of information at different points in the policy process.	3.44
DAU7	The organization identifies potential target audiences or users of the information produced.	3.38

Knowledge Translation

Ranking Capacity

2nd



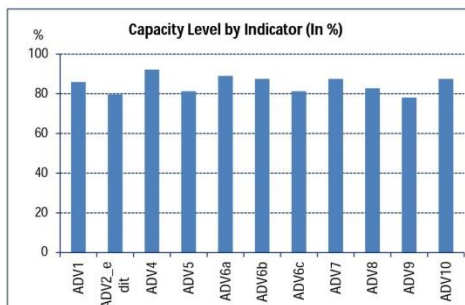
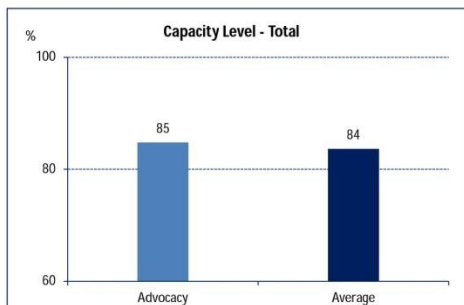
Detail

Indicator	Description	Average
	Maximum Value ==>	4.00
KT1	Staff are knowledgeable about priority policy issues that need to be adopted or changed.	3.19
KT2_edit	Relevant staff have a basic understanding of the research process and a variety of research methodologies.	3.00
KT3	Staff have the ability to communicate and collaborate with multiple stakeholders (researchers, policymakers, practitioners, journalists).	3.50
KT4	Staff have the ability to facilitate dialogue and information exchange among researchers, policymakers, and other stakeholders.	3.44
KT5	Relevant staff have strong writing, interpersonal, and/or public speaking communication skills.	3.25
KT6	The organization routinely adapts to or develops innovative means of delivering information to a variety of stakeholders.	3.50
KT7	The organization routinely assesses the effectiveness of its knowledge translation efforts (to determine their contributions to policy outcomes and learn lessons to improve future activities).	3.53
KT8	The organization dedicates resources (staff, time, money) to support knowledge translation activities.	3.31
KT9	Responsibility for knowledge translation is included in the job descriptions of relevant staff.	3.44

Advocacy

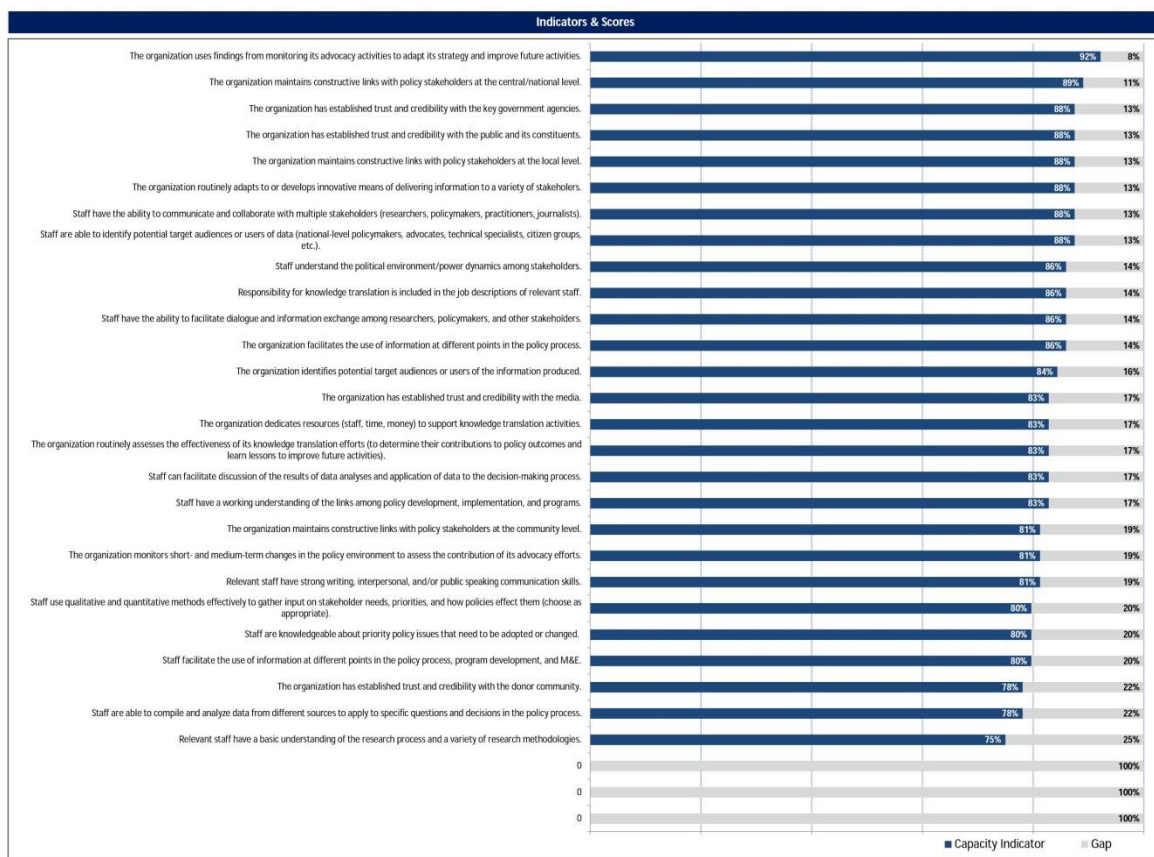
Ranking Capacity

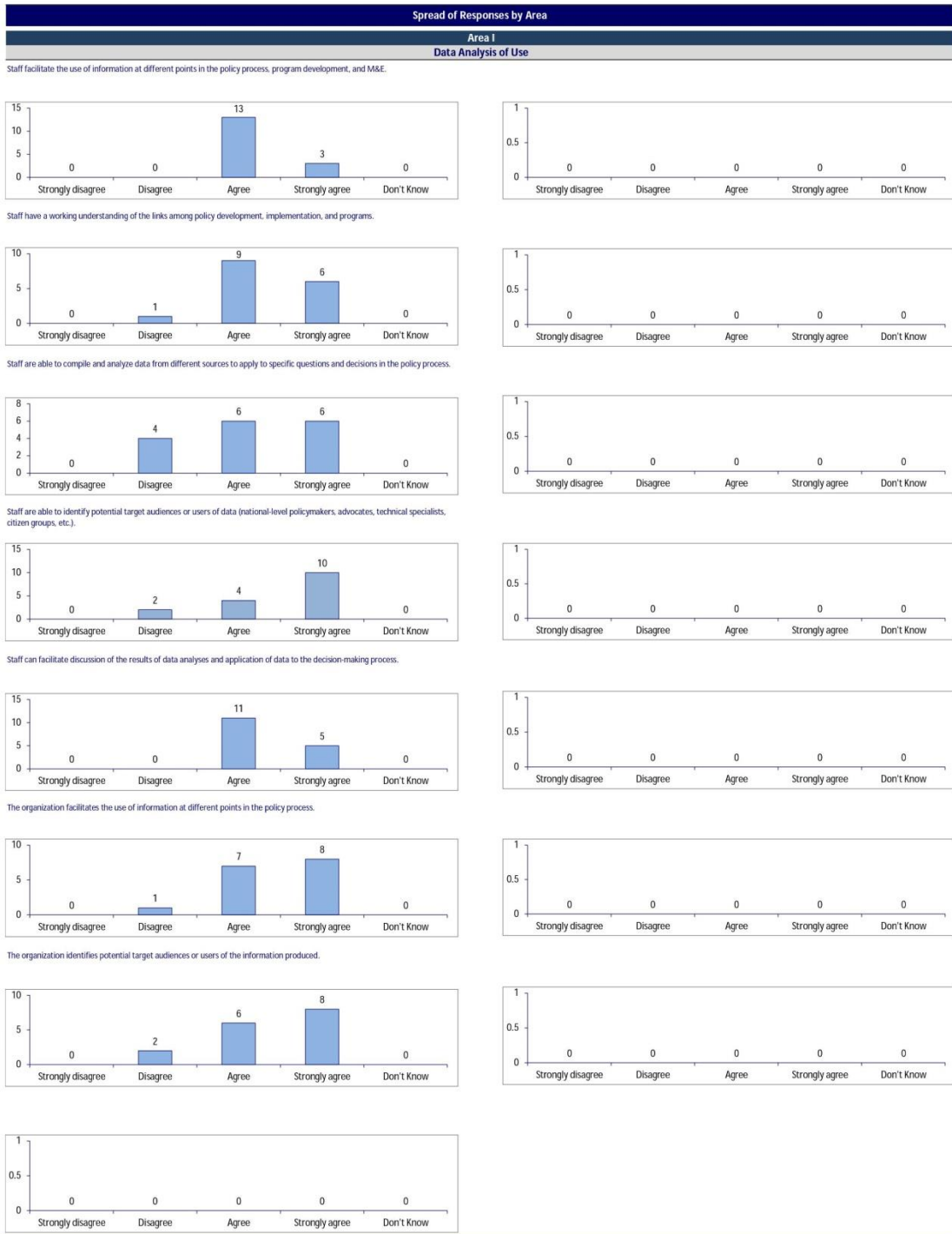
1st

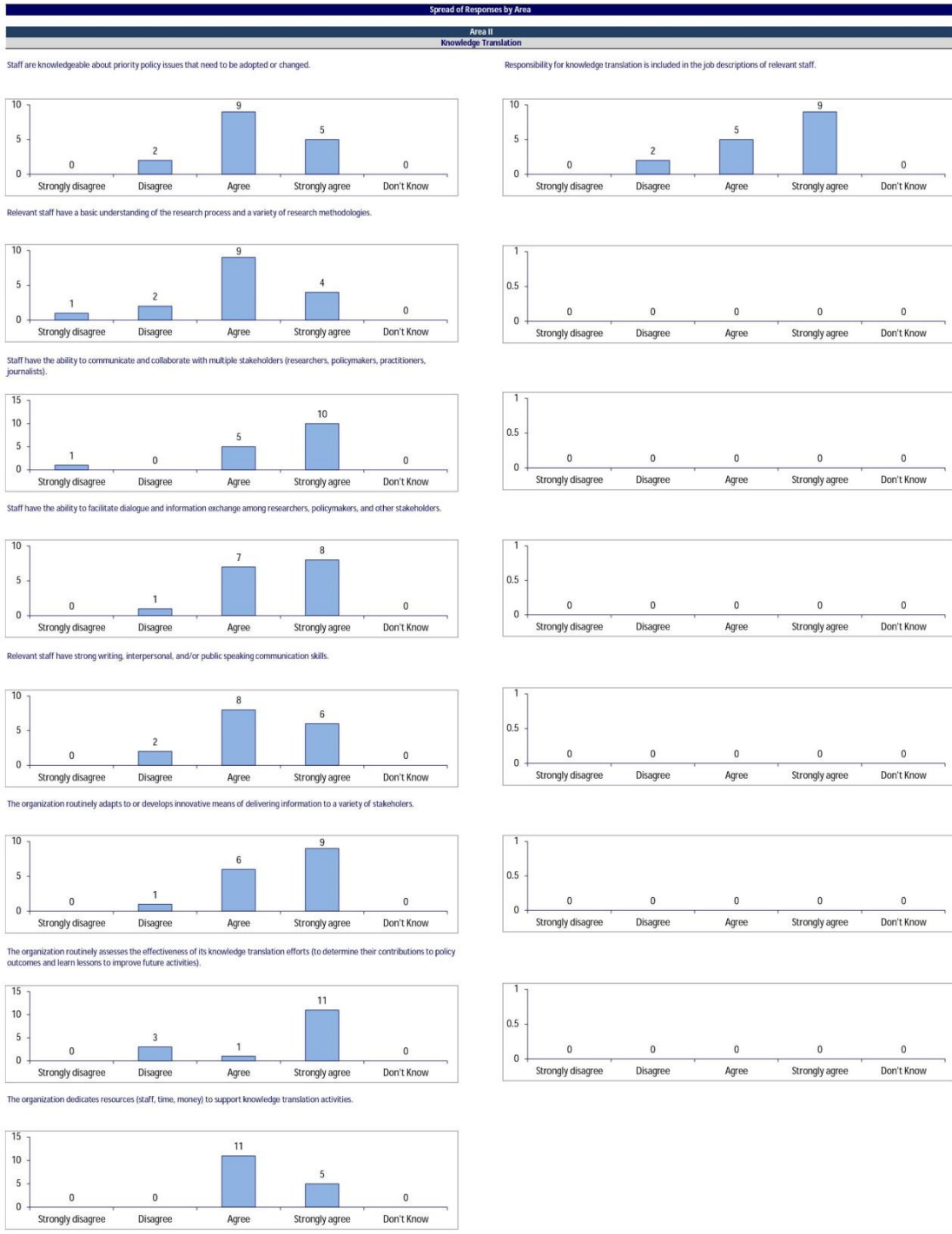


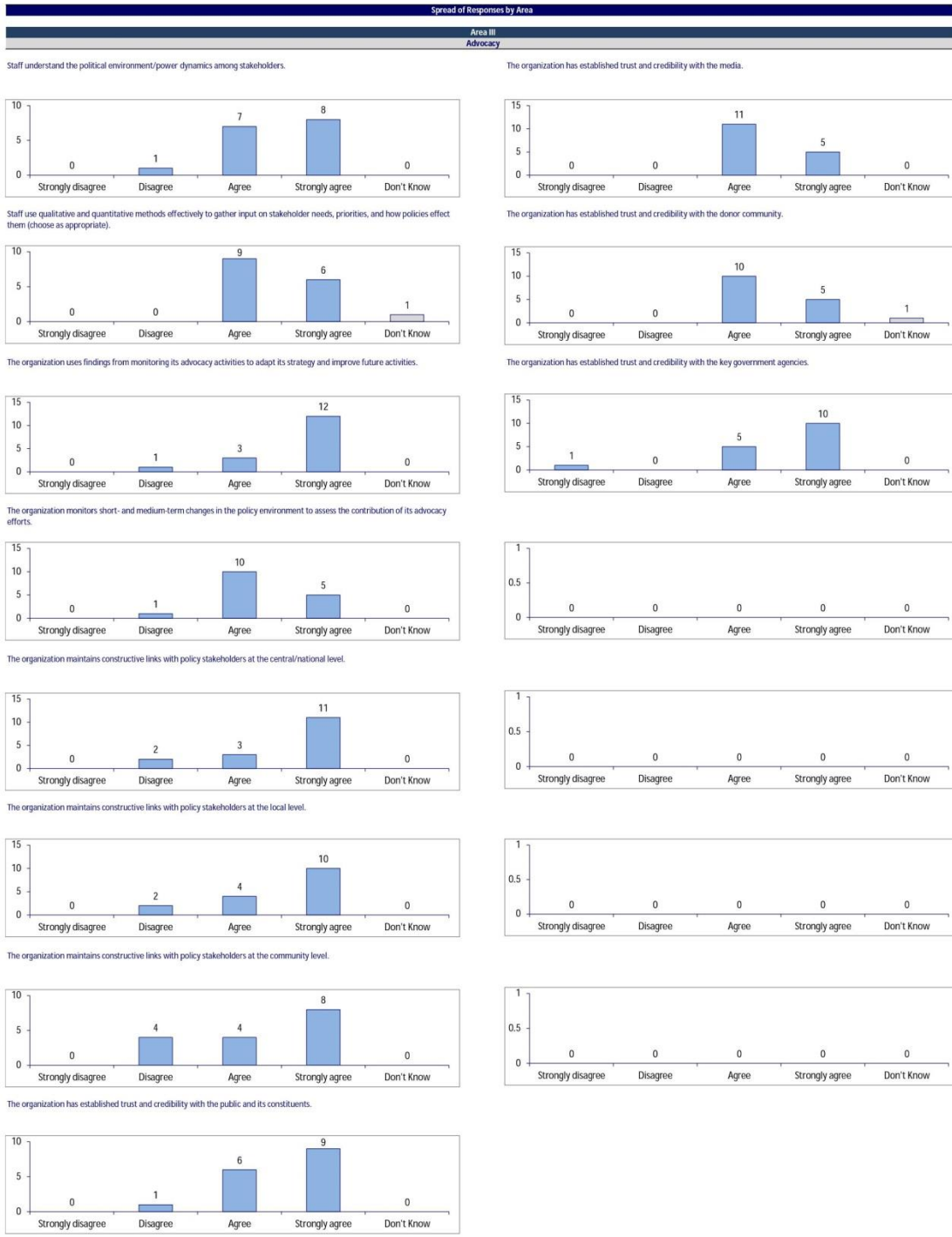
Detail

Indicator	Description	Average
	Maximum Value ==>	4.00
ADV1	Staff understand the political environment/power dynamics among stakeholders.	3.44
ADV2_edit	Staff use qualitative and quantitative methods effectively to gather input on stakeholder needs, priorities, and how policies effect them (choose as appropriate).	3.19
ADV4	The organization uses findings from monitoring its advocacy activities to adapt its strategy and improve future activities.	3.69
ADV5	The organization monitors short- and medium-term changes in the policy environment to assess the contribution of its advocacy efforts.	3.25
ADV6a	The organization maintains constructive links with policy stakeholders at the central/national level.	3.56
ADV6b	The organization maintains constructive links with policy stakeholders at the local level.	3.50
ADV6c	The organization maintains constructive links with policy stakeholders at the community level.	3.25
ADV7	The organization has established trust and credibility with the public and its constituents.	3.50
ADV8	The organization has established trust and credibility with the media.	3.31
ADV9	The organization has established trust and credibility with the donor community.	3.13
ADV10	The organization has established trust and credibility with the key government agencies.	3.50









REFERENCES

Benjamin Mkapa HIV/AIDS Foundation (BMAF). 2010. Revised Strategic Plan 2008-2012. Dar es Salaam.



For more information, contact:

Health Policy Project
Futures Group
One Thomas Circle, NW, Suite 200
Washington, DC 20005
Tel: (202) 775-9680
Fax: (202) 775-9694
Email: policyinfo@futuresgroup.com
www.healthpolicyproject.com